

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
City or town Creagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 65 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Frederick
City or town Creagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

John Mathias Ahalt

3. (b) Social Security Number

no

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Fannie B. Flook

7. Birth date of deceased (mo., day, yr.) Aug. 9 - 1862 1861

8. AGE: Years 83 Months 10 Days 20 If less than one day _____ hrs. _____ min.

8. Birthplace Middletown Fred Co. Md
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Benjamin S. Ahalt

13. Birthplace Middletown Md

14. Maiden name Sarah Kerr

15. Birthplace Middletown Md

16. Informant Mrs Fannie B. Ahalt

Address Thurmont, Md P. O. 740

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof July 2, 1945
(month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown Md

18. Funeral director M. T. Creager

Address Thurmont Md

19. July 1 19 45 Blanche S. Eyer
(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29-45 19____ at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____

and that I last saw him live on _____

Immediate cause of death Asphyxiation due to hanging

DURATION suicide

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 6-29-45

Where did injury occur? Creagerstown, Fred Co., Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home at home

Means of injury Hanging Injured at work? no

Signature H. W. Barr Deputy Med Ex.

23. SIGNATURE H. W. Barr M. D. or other

Address Frederick, Md Date signed 6-29-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06036

137

1. PLACE OF DEATH:

County... **Frederick**
 City or town... **Johnsville**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... **Lifetime**
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... **Maryland** County... **Frederick**
 City or town... **Johnsville**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... **Union Bridge Route 1**
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Margie Alice Ainsworth

3. (b) Social Security Number

None

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widowed**
 6.(b) Name of husband or wife **David A Ainsworth**
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) **November 11 1879**
 8. AGE: Years **65** Months **7** Days **0** If less than one day
hrs.min.

9. Birthplace **Frederick County Maryland**
 (Town, county, and state)
 10. Usual occupation **Housewife**
 11. Industry or business **At Home**
 12. Name **Abraham S Diehl**
 13. Birthplace **Maryland**
 14. Maiden name **Jennie Waltz**
 15. Birthplace **Maryland**

16. Informant **Mrs Mildred Selby**
 Address **Mt Airy Maryland**
 17. **Burial** Date thereof **June 13 1945**
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory **Rocky Hill Cemetery**
 Location **Johnsville-Woodsboro Road**
 18. Funeral director **D.D.Hartzler & Sons**
 Address **Union Bridge & New Windsor Md**
 19. **June 11 1945** Registrar **W.D. Cuffman**
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 11 1945** at **8:45** M
 21. I CERTIFY that death occurred on the date above stated, that I attended deceased from **1945** to **1945**, and that I last saw him alive on **June 11 1945**
 Immediate cause of death **Coronary Artery Disease** DURATION
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **C. H. Muesel, M.D.** M. D. or other
 Address **Wm. B. Cuffman** Date signed **June 11**

Fredrick

Maryland

Johnsville

Union Bridge House

Fredrick

Johnsville

Literine

Home

Maria Alice Alsworth

RECEIVED

JUN 13 1945

U.S. V. BUREAU

Honorable

At Home

Admission 5 Cents

Maryland

Johnnie White

Maryland

Mrs. Mildred Selby

Mr. Atty. Maryland

Hotel 12-14-45

Rocky Hill Cemetery

Johnsville-Woodboro Road

D. J. Harter & Sons

Union Bridge & New Windsor Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for correction of place of burial is shown on
MARYLAND STATE DEPARTMENT OF HEALTH
 2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

06037
 Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/26/45
 Hospital, institution, or street address where death occurred:
 Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/26/45

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County.....
 City or town..... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1808 E. Fairmount Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3.(a) FULL NAME Frances M. Beck
 3.(b) Social Security Number None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife xxx Edward J. Beck
 6.(c) If alive, give age 25 years
 7. Birth date of deceased (mo., day, yr.) March 9, 1920
 8. AGE: Years 25 Months 3 Days 0 If less than one dayhrs.mo.

8. Birthplace Baltimore, Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business
 12. Name Walter Macijuski
 13. Birthplace Poland
 14. Maiden name Mary Druze
 15. Birthplace Poland
 16. Informant Deceased

Address
 17. Burial Date thereof 6/13/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or place of burial Holy Redeemer Rosary Cem.
 Location Baltimore, Co. Maryland
 18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland
 19. 9/10/45
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1945 at 3:40 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1945 to June 9 1945
 and that I last saw her alive on June 9 1945

Immediate cause of death Pulmonary Tuberculosis DURATION 4 1/2 Yrs.
 Laryngeal Tuberculosis 2 Yrs.

Due to
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. B. Lyon M. D. M.D.
 Address State Sanatorium, Md. Date signed 6/9/45

CERTIFICATE OF DEATH

RECEIVED

JUN 14 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 32 years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 25 East Patump St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

John Selman Biehl

3. (b) Social Security Number

214-10-2973

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Pauline Fauble
 7. Birth date of deceased (mo., day, yr.) June 30 1906 6. (c) If alive, give age 20 years
 8. AGE: Years 38 Months 11 Days 19 If less than one day
hrs.min.

9. Birthplace Frederick, Frederick, Md
(Town, county, and state)10. Usual occupation Plumber & roofer11. Industry or business Plumbing & roofing12. Name Berj. B. Biehl13. Birthplace Charol. Co. Md14. Maiden name Macy Eyler15. Birthplace Frederick, Md16. Informant Mrs. Berj. B. BiehlAddress Frederick, Md17. Burial Date thereof 6/22/45
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Mt ZionLocation Frederick Co18. Funeral director Harry E. Cart CoAddress Frederick, Md19. 21 June 1945 Elizabeth L. Heck
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1945 at 5:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....
 and that I last saw him 17 June on dead June 19 1945

Immediate cause of death

Crushing injury to chest & asphyxiation

DURATION

2 days

Due to

Shock, hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6.17.45Where did injury occur? Frederick, Frederick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Arthur & Beauty Co.Means of injury autoInjured at work? no

23. SIGNATURE

John Biehl

M. D. or other

Address Frederick, Md Date signed 6.20.45

RECEIVED

RECEIVED

RECEIVED
JUN 23 1945
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1862

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick

City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:
East Patrick Street

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 316 East Patrick Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES OLIVER BOWERS

3. (b) Social Security Number

217-10-0517

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Single

8.(b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) March 23, 1906
6.(c) If alive, give age years8. AGE: Years Months Days if less than one day
39 3 5 hrs. min.9. Birthplace... Frederick, Maryland
(Town, county, and state)

10. Usual occupation... Painter

11. Industry or business None

FATHER 12. Name John V. Bowers

13. Birthplace Frederick, Maryland

MOTHER 14. Maiden name Ruth C. Burke

15. Birthplace Frederick, Maryland

18. Informant Mrs. John V. Bowers

Address Frederick, Maryland

17. Burial Date thereof July 1, 1945
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or place of interment Mt. Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 29-June 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1945 at 3:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on June 28 1945

Immediate cause of death

Fracture of skull

Due to Fall from ladder

DURATION

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of 6-28-45

Where did injury occur? Frederick, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) C. E. Cline & Son

Means of injury Fall from ladder Injured at work? Yes

23. SIGNATURE R. E. Cline

Address Frederick, Md. Date signed 8-19-45

RECEIVED
JUL 2 1945
BUREAU V. K.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH: Frederick
County.....City or town..... Libertytown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Libertytown
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Howard Clifford Boyer

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

b. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife..... Caroline Ruhland Boyer

5. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) April 1 1879

8. AGE: Years 66 Months 2 Days 4 If less than one day
..... hrs. min.9. Birthplace..... Frederick County Maryland
(Town, county, and state)

10. Usual occupation..... Merchant

11. Industry or business..... Grocery & Meat

12. Name..... William H Boyer

13. Birthplace..... Maryland

14. Maiden name..... Catherine Davis

15. Birthplace..... Maryland

16. Informant..... Mrs Caroline R Boyer

Address..... Libertytown Maryland

17. Burial Date thereof June 8 1945

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory..... Mt Hope Cemetery

Location..... Woodsboro Maryland

18. Funeral director..... Powell & Hartzler

Address..... Woodsboro & Libertytown Md.

19. June 8 1945 M.D. Curfman

(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... June 5 1945 at 4.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 1945 to June 5 1945

and that I last saw him alive on June 4 1945

Immediate cause of death.....

Coronary Thrombosis

Due to..... Chronic Myocarditis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE..... Otis B. Stone M.D.

Address..... Libertytown Md.

Date signed June 7 1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 9 1943
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Frederick Myersville R.D.I.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby Boy Brandenburg
 4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced _____

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

006

hrs.

min.

9. Birthplace Frederick, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Meredith R. Shafer13. Birthplace Middleton, Md.14. Maiden name Emogene Brandenburg15. Birthplace Harmony, Md.16. Informant Meredith R. ShaferAddress Middleton, Md.17. Burial
 (Burial, cremation, or removal) (Where?)Date thereof 6-6-45
 (month) (day) (year)

Cemetery or crematory

Reformed CemeteryLocation Middleton, Md.18. Funeral director Bladhill Co.

Address

Middleton, Md.19. June 6 19 45
 (Date rec'd by registrar)

Elizabeth G. Heck
 Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 19 45 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 30 19 45 to June 6 19 45
 and that I last saw him alive on June 5 19 45

Immediate cause of death

Malnutrition - No hydration 3 days

DURATION

Due to

Constitution 5 days

Due to

Prematurity 7 mo

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

A. J. Bruce
 M. D. or other
Jefferson Md. Date signed 6/5/45

RECEIVED
JUN 13 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, with UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 139

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Since 4/21/41</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution?..... <u>Since 4/21/41</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Prince George</u> City or town..... <u>Bladensburg</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>405 Defense Highway</u> (If rural, give LOCATION) ✓ 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Doris R. Brigham</u>				3. (b) Social Security Number <u>578-07-4984</u>			
4. Sex <u>Female</u>				5. Color or race <u>White</u>			
6. (a) Single, married, widowed, or divorced <u>Single</u>				MEDICAL CERTIFICATION			
6. (b) Name of husband or wife				20. DATE OF DEATH <u>June 13</u> 19 <u>45</u> , at <u>9 A.</u> M.			
7. Birth date of deceased (mo., day, yr.) <u>Aug. 10, 1914</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April 21</u> 19 <u>41</u> , to <u>June 13</u> 19 <u>45</u> . and that I last saw her alive on <u>June 12</u> 19 <u>45</u> .			
8. AGE: Years <u>30</u> Months <u>10</u> Days <u>3</u> If less than one day <u>hrs.</u> <u>min.</u>				Immediate cause of death <u>Pulmonary Tuberculosis</u>			
9. Birthplace <u>Washington, D.C.</u> (Town, county, and state)				DURATION <u>10 Yrs.</u>			
10. Usual occupation <u>Dietitian</u>				Due to			
11. Industry or business				Due to			
12. Name <u>Norman Brigham</u>				Other conditions			
13. Birthplace <u>Massachusetts</u>				(Include pregnancy within 8 months of death)			
14. Maiden name <u>Sarah Peck</u>				Major findings of operations			
15. Birthplace <u>Massachusetts</u>				Date of op.			
16. Informant <u>Deceased</u>				Autopsy results			
Address				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
17. Burial <u>Unknown</u> <u>6/15/45</u> (Burial, cremation, or removal. Which?) (month) (day) (year)				22. VIOLENCE: If death was due to external causes, fill in the following:			
Cemetery <u>Fort Lincoln</u>				Accident, suicide, or homicide Date of.....			
Location <u>Hyattsville, Md. Colmar Manor</u>				Where did injury occur? (City or town) (County) (State)			
18. Funeral director <u>Gasch Funeral Home</u>				Injured at home, farm, industry, public place (where?)			
Address <u>Hyattsville, Md.</u>				Means of injury Injured at work?			
19. (Date rec'd by registrar) <u>6/12/45</u> Registrar.....				23. SIGNATURE <u>John H. Anschelof M.D.</u>			
Address.....				Address <u>State Sanatorium, Md.</u> Date signed <u>6/13/45</u>			

CERTIFICATE OF DEATH

RECEIVED

JUN 14 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06052

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 173 West Patrick Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

BABY CASTLE

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife
6.(c) If alive, give age

7. Birth date of deceased (mo., day, yr.) June 14, 1945

8. AGE: Years 0 Months 0 Days 0 If less than one day 2 hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Carl C. Castle
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Elizabeth Mentzer
15. Birthplace Frederick County Maryland

16. Informant Carl C. Castle
Address 173 W. Patrick St., Frederick, Md.

17. Burial Date thereof 6/14/45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
Location

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 14 June 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th, 1945, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1945 to June 14 1945 and that I last saw him alive on June 14 1945

Immediate cause of death Pneumonia lived 2 hr
Due to 6 mo
Due to
Other conditions
(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.

Antopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE G. P. Thomas M. D.
M. D. or other
Address Frederick, Maryland Date signed 6-14-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CENTRAL BUREAU OF INVESTIGATION

RECEIVED

JUN 18 1945

BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
 County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 7/8/44
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 7/8/44

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 822 S. Broadway
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Ernest Chambers

3.(b) Social Security Number
565-05-2499

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 20, 1911
 8. AGE: Years 34 Months 2 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Chicago, Ill.
 (Town, county, and state)
 10. Usual occupation Checker, shipyard
 11. Industry or business _____
 12. Name Charles Chambers
 13. Birthplace Chicago, Ill.
 14. Maiden name Lillian Anderson
 15. Birthplace Chicago, Ill.
 16. Informant Deceased

Address _____
 17. Crematory Date thereof 6-14-1945
 (Burial, cremation, or removal, Which?) (month) (day) (year)
Crematory or crematory Deer Hill Crematory
 Location On Geo Co Ma
 18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland
 19. 6/11/45 19 _____
 (Date of registration) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 19 45 at 2:30 P. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 8 19 44 to June 9 19 45
 and that I last saw him alive on June 9 19 45

Immediate cause of death Pulmonary Tuberculosis
 DURATION 3 Yrs.
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE J. B. Lynn M. D. XXXXX
 Address State Sanatorium, Md. Date signed 6/11/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED
JUN 13 1945
BUREAU V.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
28 South Court Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 28 South Court Street
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3.(a) FULL NAME

JENNIE CHASE

3.(b) Social Security Number

None

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife George Chase

7. Birth date of deceased (mo., day, yr.) Unknown 6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day
 hrs. min.

9. Birthplace Unknown
 (Town, county, and state)
Domestic

10. Usual occupation

11. Industry or business

12. Name William Brown

13. Birthplace Frederick County Maryland

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Osborne Chase

Address 28 S. Court St., Frederick, Md.

17. Burial Date thereof 6/8/45
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. June-8-1945 Elizabeth D. Heck
 (Date rec'd by registrar) E.M.H. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd, 1945 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1920 to June 3rd 1945
 and that I last saw him alive on June 3rd 1945

Immediate cause of death Cardiac Disease DURATION 25 yrs

Due to Chronic Arthritis

Due to

Other conditions Arteriosclerosis 15 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE U. G. Bourne Jr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 6-4-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAILED AND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 11 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

06045

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Jefferson - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. R. 2-D I. Box 77
(If rural, give LOCATION)2. (a) If veteran, name war ✓

3. (a) FULL NAME

Infant (Smith) Cole (Harry Junior Cole)

3. (b) Social Security Number

✓

4. Sex

male

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 18, 1945

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Harry Henry Cole

13. Birthplace

West Va

14. Maiden name

Christine E. Smothers

15. Birthplace

Maryland

16. Informant

Fred Smothers

Address

Burkitts Hill Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 20, 1945
(month) (day) (year)

Cemetery or

St. Mary's (Catholic)

Location

Petersville Md

18. Funeral director

C. H. Futer & Son

Address

Brunswick Md.

19.

(Date rec'd by registrar)

20 June 19 45Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 19 45 at 6:40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 18, 1945 to June 19, 1945
and that I last saw him alive on June 18, 1945

Immediate cause of death

Premature birth

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 6/19/45

RECEIVED

JUN 25 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age of deceased is shown on

FILM No. G 95 JUN 16 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

06046

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 44 yrs.

Hospital, institution, or street address where death occurred:

39 East B St.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 39 East B St.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

Irene Mildred Cover

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Frank C. Cover

7. Birth date of deceased (mo., day, yr.) Dec. 4 1894 6. (c) If alive, give age 54 years

8. AGE: Years 50 Months 51 Days 6 If less than one day 7 hrs. min.

9. Birthplace Maryland
(City, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Charles Henry Sayle

13. Birthplace Maryland

MOTHER 14. Maiden name Emma Harbough

15. Birthplace Maryland

16. Informant Frank C. Cover

Address Brunswick Md.

17. Burial Date thereof June 10 1945
(Burial, cremation, or removal, (month) (day) (year))

Cemetery or crematory Rip's Creek

Location near Union Bridge Md

18. Funeral director C. H. Fritz & Bro

Address Brunswick Md

19. June 9 19 45 Emma Martin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 19 45 at 12:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 45 to June 7 19 45

and that I last saw him alive on May 28 19 45

Immediate cause of death Coronary Thrombosis DURATION 1 yr.

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

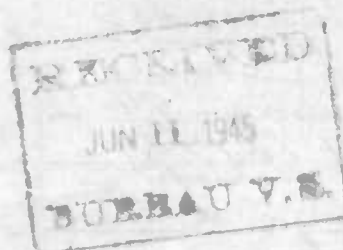
Means of injury — Injured at work? —

23. SIGNATURE William S. Shaffer M. D. or other

Address Brunswick Date signed June 4 45

UNITED STATES DEPARTMENT OF JUSTICE

HEADQUARTERS, NEW YORK



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

06047

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 70 years
 Hospital, institution, or street address where death occurred:
520 West B. St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 520 West B. Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laura Augusta Slison

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 19 45 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 9 19 42 to June 29 19 45
 and that I last saw him alive on June 29 19 45

Immediate cause of death

DURATION

Myocardial
infarction
in a veteran
Due to
Other conditions

YearsYears

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Brunswick Md Date signed 6/30/45

8. AGE:

Years

Months

Days

It less than one day

88428

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county and state)

10. Usual occupation

at home

11. Industry or business

FATHER

12. Name

Peter Roelke

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Mary Anderson

15. Birthplace

Frederick County Maryland

16. Informant

William F. Slison

Address

Brunswick, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

7/2/45

(month) (day) (year)

Cemetery or crematory

mt. Clinton Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Elchman & Son

Address

Frederick, Maryland

19. Date

June 29 19 45Emmeline Martin

Registar

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06948

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

26 Degrange Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 26 Degrange Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

MARY ELIZABETH DIXON

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife William H. Dixon7. Birth date of deceased (mo., day, yr.) December 12, 18798. AGE: Years 65 Months 6 Days 2 If less than one day

Years	Months	Days	If less than one day
<u>65</u>	<u>6</u>	<u>2</u>	<u>hrs. min.</u>

9. Birthplace Fredericksburg, Virginia

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name David Lee13. Birthplace Virginia14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. Edgar SnowdenAddress 26 Degrange St., Frederick, Md.17. Burial 6/16/45

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 15 June 1945 Elizabeth G. Hech

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th, 1945 at 6 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 1945 to June 14 1945and that I last saw him alive on June 14 1945Immediate cause of death Cerebral Hemorrhage DURATION 1 dayDue to Cerebral HemorrhageDue to Cerebral HemorrhageOther conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings of operations Cerebral HemorrhageAutopsy results Cerebral Hemorrhage

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Cerebral Hemorrhage Date of June 14, 1945

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) (City or town) (County) (State)

Means of injury Cerebral Hemorrhage Injured at work?23. SIGNATURE E. G. Bourne Jr. M. D.Address Frederick, Maryland Date signed 6-15-45

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 18 1945
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

CERTIFICATE OF DEATH

06049

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredrick Co.
City or town near Fredrick Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Fredrick Co.
City or town near Fredrick Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Montrose County Home
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male Colored

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

68

..... hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematorium

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1945

Elizabeth G. Heale
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1945, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 18 1945, to June 23 1945
and that I last saw him alive on June 22 1945

Immediate cause of death

Uremia

DURATION

3 days

Due to

Intestinal Obstruction

Due to

Post Operative inflammation 3 vbs
reaction - Plus abscess

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REC'D
JUN 28 1945
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since April 2, 1945
 Hospital, institution, or street address where death occurred:
Md. Tuberculosis Sanatorium
 How long in hospital or institution? Since Apr. 2, 1945

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2727 Beryl Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

Rosena Eder

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lewis C. Eder6. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) Jan. 11, 1881

8. AGE: Years 64 Months 4 Days 25 If less than one day
hrs.min.

9. Birthplace Germany
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own home12. Name George Rutsch13. Birthplace Germany14. Maiden name Elizebeth Melber15. Birthplace Germany16. Informant HusbandAddress 2727 Beryl Ave. Balto. 5 Md.17. Burial Unknown Date thereof 4/9
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Holy Redeemer CemeteryLocation Belair Rd. & Moravia Ave., Balto.18. Funeral director Frank Della NogeAddress 52 N. Morley St., Balto., Md.19. 6/5/45 19 1945
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1945, 11:20 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2, 1945, to June 5, 1945and that I last saw him/her alive on June 5, 1945

Immediate cause of death Metastatic carcinoma of the lung, primary focus unknown
Pulmonary Tuberculosis

DURATION

1 yr.

Due to Never confirmed here but tubercle bacilli were supposed to have been found
 Due to in gastric washings before coming here.

Other conditions fore coming here.

(Include pregnancy within 8 months of death)

Major findings of operationsDate of op.Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date ofWhere did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?)Means of Injury Injured at work?23. SIGNATURE J. B. Lyon M. D.Address State Sanatorium Md. Date signed 6/5/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

RECEIVED

RECEIVED
JUN 7 1945
BUREAU V.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

06051

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Walpersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Walpersville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ella May Efler

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or St. George Efler

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 5 18718. AGE: Years 74 Months 3 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace W. Walpersville Fred Co. Md.
(Town, county, and state)10. Usual occupation House Wife

11. Industry or business _____

12. Name Jacob Linterman13. Birthplace Fred Co14. Maiden name Ellen Humble15. Birthplace Frederick Co Md16. Informant Mrs Hazel CrumAddress Walpersville17. Buried Date thereof Jan 4 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or Mt HopeLocation Waggonboro18. Funeral director G. C. BartonAddress Walpersville Md19. 2 June 1945 Elizabeth B. Hach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1945, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1942, to June 1 1945and that last saw him alive on June 1 1945Immediate cause of death Carcinoma Breast
metastatic

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. E. Osterday M. D. or other _____Address Walpersville Md Date signed June 2, 45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

17000

STATE OF TEXAS

RECEIVED

JUN 6 1945

BUREAU V.S.

Reg. Diat. No.131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUN 11 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

★6054
137

1. PLACE OF DEATH: Frederick

County.....Mt Airy Route 4

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Frederick

City or town.....Mt Airy Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.....near Unionville

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

John Dorsey Gaither

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife.....Bertha Gaither

6.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

June 19 1861

8. AGE:

Years

83

Months

11

Days

24

If less than one day

hrs.

min.

9. Birthplace.....Frederick County Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Retired

FATHER

12. Name

George Gaither

13. Birthplace

Maryland

MOTHER

14. Maiden name

Sarah Poole

15. Birthplace

Maryland

16. Informant

Address.....Mr J Dorsey Gaither
Mt Airy, Maryland Route 4

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....June 16 1945

(month) (day) (year)

Cemetery or crematory

Linganore Cemetery
Unionville Maryland

Location

18. Funeral director

Address.....D.D.Hartzler & Sons
Union Bridge & New Windsor Md.

19.

Date rec'd by registrar

June 16 1945

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 18 1945

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 11 1945 to June 13 1945

and that I last saw him alive on June 13 1945

Immediate cause of death.....

DURATION

Chronic hypertrophy of prostate

Due to.....

Due to.....

Other conditions

Uremic Poisoning

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed.....

Frederick
at Army
near Unionville

RECEIVED
JUN 18 1945
BUREAU V.A.

RECEIVED
JUN 18 1945
BUREAU

Mr. J. Dorey Collier
at Army, Maryland, Route 4
Unionville, Maryland
C.D. Harter & Sons
Unionville, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

CERTIFICATE OF DEATH

Reg. Dist. No. 06955 131

1. PLACE OF DEATH:

County FredenichCity or town Fredenich
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Fredenich City HospitalHow long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredenichCharm Union Bridge Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Johnsville
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Ernest Josiah Gernand

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

May 4 - 1879

8. AGE:

Years

Months

Days

If less than one day

66111

hrs.

min.

9. Birthplace

Fredenich County, Maryland
(Town, county, and state)

10. Usual occupation

Farmer - Minnato

11. Industry or business

FATHER

12. Name

Joseph Gernand

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary Charmille

15. Birthplace

Maryland

16. Informant

Mrs. E. J. Gernand

Address

Union Bridge Md - R. 117. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 18 - 1945
(month) (day) (year)

Cemetery or crematory

Beaver Dam Cemetery

Location

Union Bridge - Johnsville Road

18. Funeral director

D. D. Hauth & Son

Address

Union Bridge & New Windsor Md19. June 16

(Date rec'd by registrar)

19

Elizabeth H. Hauth

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 - 1945 at 5:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 13 - 1945 to June 15 - 1945
and that I last saw him live on June 15 - 1945

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed

RECEIVED
JUN 21 1945
BUREAU Y.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County FrederickCity or town Detour

(If outside city or town limits, write RURAL and give nearest town)

How long to above place of death? 50 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Detour

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

NO

2.(a) If veteran, name war

3. (a) FULL NAME

Tilghman Luther Grossnickle.

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Alice May Carmack6. (c) If alive, give age 86 years7. Birth date of deceased (mo., day, yr.) April 12, 18608. AGE: Years 85 Months 1 Days 20 If less than one day _____ hrs. _____ min.9. Birthplace Detour, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Retired11. Industry or business Farmer.12. Name Daniel Grossnickle,13. Birthplace Detour, Md.14. Maiden name Ellen Blessing15. Birthplace Myersville, Md.16. Informant Wilbur GrossnickleAddress Detour, Md.17. Burial Haughs Date thereof June 5, 1945

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Near Ladiesburg, Md.Location M. L. Creager & Son18. Funeral director Thurmont, Md.

Address

19. June 4, 1945 SA C. B. Brouse

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1945 at 2:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18, 1945 to June 2, 1945and that I last saw him alive on May 30, 1945Immediate cause of death leucemia of the lower bowel

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE James T. Gray M.D.Address Thurmont, Md. M. D. or other _____Date signed June 4, 1945

DURATION

6 mos.

RECEIVED
JUN 7 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-d

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County Frederick
 City or town Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Charles W. Harp

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Mollie RouzahanHarp 6. (c) If alive, give age 78 years7. Birth date of deceased (mo., day, yr.) October 7, 18658. AGE: Years 79 Months 8 Days 28 If less than one day _____ hrs. _____ min.9. Birthplace M. Myersville, Fredco. Md.
(Town, county, and state)10. Usual occupation Retired11. Industry or business Thresherman12. Name Joseph Harp13. Birthplace Maryland14. Maiden name Mary Kesseling15. Birthplace Maryland16. Informant Emmet F. HarpAddress Myersville, Md.17. Burial Date thereof June 7, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United BrethrenLocation Myersville, Md.18. Funeral director J. Dhas Bittle & SonAddress Myersville, Md.19. June 7, 1945 Edgar Bittle
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1945 at 1:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (1943) 1943 to June 5, 1945 and that I last saw him alive on June 3, 1945

Immediate cause of death _____ DURATION

Chr. Valvular Heart Disease 2 y 28

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Harp, Md. M.-D. or otherAddress Myersville, Md. Date signed 6-6-45

RECEIVED
JUN 9 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Schuman's Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Buckhillsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Larry Gene Harwood

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

T. Birth date of deceased (mo., day, yr.)

May 10 1945

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

——25

hrs.

min.

9. Birthplace

Maryland
(City, town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

James N. Harwood

13. Birthplace

Penn.

MOTHER

14. Maiden name

Hazel P. Harwood

15. Birthplace

Md.

16. Informant

James N. Harwood

Address

Buckhillsville Md

17.

(Burial, cremation, or removal, which?)

Date thereof

June 7 1945
(month) (day) (year)

Cemetery or crematory

Schuman's Hospital

Location

Brownsville

19. Funeral director

C. H. Zula & Son

Address

Brownsville Md

19.

(Date rec'd by registrar)

June 7 1945Emma Martin
Def. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1945 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10 1945 to June 6 1945and that I last saw him alive on June 5 1945

Immediate cause of death

Chastity

DURATION

Due to

Pneumonia

Due to

6 1/2 mo

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William Schuman
Brownsville Md Date signed June 6 1945

RECEIVED
JUN 9 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06059 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/9/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/9/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2722 Elliott St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Benjamin M. Hawkins

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 B.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 24, 1905
 8. AGE: Years 40 Months 3 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Coldspring, N.Y.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business _____
 FATHER 12. Name Michael Hawkins
 13. Birthplace New Jersey
 MOTHER 14. Maiden name Mary Eysley
 15. Birthplace Catskill, N.Y.

16. Informant Patrick H. Hawkins, Brother
 Address _____
 17. Buried Date thereof June 2, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sacred Heart
 Location Baltimore, Md.
 18. Funeral director Thurmond
 Address _____
 19. 6/2/45 19. _____
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 45 at 4 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9 19 45 to June 2 19 45
 and that I last saw him alive on June 2 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 11 Mos.
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE J. B. Lynn M. D. Robert A.
 Address State Sanatorium, Md. Date signed 6/2/45

CERTIFICATE OF DEATH

RECEIVED
JUN 4 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (LA)

CERTIFICATE OF DEATH

Reg. Dist. No. 06060 /31

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

Fredrick City HospitalHow long in hospital or institution? 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Union Bridge
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION) ✓

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Frances Kefauver

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) May 23 - 1945

8. AGE:

Years

Months

Days

It less than one day

16

hrs.

min.

9. Birthplace

Fredrick Co Maryland
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

FATHER

12. Name

Calvin B. Kefauver

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary C. Fogle

15. Birthplace

Carroll Co Md.

16. Informant

Mrs. Mary Kefauver

Address

Union Bridge Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 10 - 1946
(month) (day) (year)

Cemetery or crematory

Winter Cemetery

Location

Near New Windsor Md.

18. Funeral director

D. D. Harts & Son

Address

Union Bridge New Windsor Md.

19.

(Date rec'd by registrar)

19.

45

Elizabeth G. Hecks

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 19. 45 at 6:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 23 45 to June 9 45and that I last saw him alive on June 8 19. 45Immediate cause of death Coronary Thrombosismyocardial infarction

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Union Bridge Md. Date signed June 9

RECEIVED
JUN 21 1965
BUREAU V.M.

PLEASE WRITE PLAINLY, IN UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06061

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick - Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 Hour
Hospital, institution, or street address where death occurred:
Near Lewistown
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 245 East Church Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

WILLIAM RICHARD KEHNE

3. (b) Social Security Number

214-10-2172

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
6. (b) Name of husband or wife <u>Blanche V. Cutsail</u>		
7. Birth date of deceased (mo., day, yr.) <u>February 7, 1879</u>		
8. AGE: Years <u>66</u>	Months <u>3</u>	Days <u>19</u>
If less than one dayhrs.min.		

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business Ox Fibre Brush Company

12. Name Charles L. Kehne

13. Birthplace Frederick County Maryland

14. Maiden name Johanna Burns

15. Birthplace New Orleans, La.

16. Informant Mrs. Blanche C. Kehne

Address 245 E. Church St., Frederick, Md

17. Burial 6/29/45
(Burial, cremation, or removal - Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Frederick, Maryland

Location

18. Funeral director M. R. Etchison and Son

Frederick, Maryland

Address

19. 27 June 19 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th, 19 45, at 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him in DEAD June 26th 19 45

Immediate cause of death coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

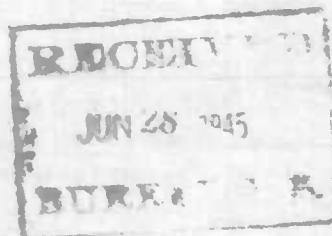
23. SIGNATURE P. W. Bow

Address P. W. Bow

Date signed 6-27-45

STANDARD TIME

STANDARD TIME



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-E

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: County... <u>Frederick</u> City or town... <u>Brunswick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... <u>63 yrs.</u> Hospital, institution, or street address where death occurred: <u>613 N. Maple Ave.</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Frederick</u> City or town... <u>Brunswick</u> (If outside city or town limits, write RURAL and give nearest town) Street No... <u>613 N. Maple Ave.</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Millard J. Keller</u>				3. (b) Social Security Number			
4. Sex <u>male</u>		5. Color or race <u>white</u>		6. (a) Single, married, widowed, or divorced <u>married</u>			
6. (b) Name of husband or wife <u>Alice E. Haller</u>				6. (c) If alive, give age <u>58</u> years			
7. Birth date of deceased (mo., day, yr.) <u>Oct. 12 1881</u>				8. AGE: Years <u>63</u> Months <u>7</u> Days <u>29</u> If less than one day hrs. m/n.			
9. Birthplace <u>Maryland</u> (Town, county, and state)				10. Usual occupation <u>Carpenter</u>			
11. Industry or business				20. DATE OF DEATH <u>June 11 1945</u> at <u>1 A</u> M			
12. Name <u>John Keller</u>				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>May 2 1945</u> to <u>June 11 1945</u>			
13. Birthplace <u>Maryland</u>				and that I last saw him alive on <u>June 10 1945</u>			
14. Maiden name <u>Matilda Stockman</u>				Immediate cause of death <u>Coronary Heart Disease (Arteriosclerosis)</u>			
15. Birthplace <u>Maryland</u>				DURATION <u>2 yrs</u>			
16. Informant <u>Mrs. Alice E. Keller</u>				Due to <u>Mythristis</u> <u>13 yrs</u>			
Address <u>Brunswick Md.</u>				Due to			
17. Burial <u>Burial</u> Date thereof <u>June 13 1945</u> (Burial, cremation, or removal? Which?) (month) (day) (year)				Other conditions			
Cemetery or crematory <u>Park Heights</u>				(Include pregnancy within 3 months of death)			
Location <u>Brunswick Md</u>				Major findings of operations			
18. Funeral director <u>C. H. Feete & Bro</u>				Date of op.			
Address <u>Brunswick Md.</u>				Autopsy results			
19. June 13 1945 <u>Emma Martin</u> (Date rec'd by registrar) Registrar				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following:				23. SIGNATURE <u>[Signature]</u> M. D. or other			
Accident, suicide, or homicide				Address <u>Brunswick Md</u>			
Where did injury occur? (City or town) (County) (State)				Date signed <u>6/13/45</u>			
Injured at home, farm, industry, public place (where?)				Means of injury			
Injured at work?							

RECEIVED
JUN 15 1945
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BfC)

CERTIFICATE OF DEATH

06063

Reg. Diat. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
503 West Patrick Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 503 West Patrick Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME
ANNIE AUSERMAN KEPLER

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or ~~wife~~ Vincent S. Kepler

7. Birth date of deceased (mo., day, yr.) January 22, 1864 6. (c) If alive, give age years

8. AGE: Years 81 Months 4 Days 15 If less than one day hrs. min.

9. Birthplace Nr. Middletown-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Elder David Ausherman

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Amanda Rensburg

15. Birthplace Frederick County Maryland

16. Informant Mrs. Morris DeLaughter

Address 503 W. Patrick St., Frederick, Md.

17. Burial Date thereof 6/20/45
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or ~~burial~~ Lutheran Cemetery

Location Middletown, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 19-June 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 17th, 19 45, at 5:40P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 44 to June 17 19 45

and that I last saw h. er. alive on June 16 19 45

Immediate cause of death Cardi - Renal - Vascular Disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations not done

Date of op.

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury fall Injured at work?

23. SIGNATURE J. E. Harp M. D.

Address Middletown, Maryland M. D. or other

Date signed 6-18-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUN 21 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

File # 155 712153 - Items 2, 3, 6a, 6b, 7, 8, 9. = 22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

Reg. Dist. No. 139

06964

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Since 4/2/45</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution?..... <u>Since 4/2/45</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... City or town..... <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>734 S. Bond St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war..... <u>USN - WWI</u>			
3. (a) FULL NAME <u>Patrick King, Peter</u>				3. (b) Social Security Number <u>274-14-7181</u>			
4. Sex <u>Male</u>				5. Color or race <u>White</u>			
6. (a) Single, married, widowed, or divorced <u>Single</u> Widowed				6. (b) Name of husband or wife <u>Elizabeth Ward</u>			
7. Birth date of deceased (mo., day, yr.) <u>June 27, 1900</u> <u>1906</u>				8. AGE: Years <u>39</u> 44 Months <u>11</u> Days <u>20</u> It less than one day hrs. min.			
9. Birthplace <u>Lawrenceville, Pa. Berks</u> (Town, county, and state)				10. Usual occupation <u>Seaman and Rigger</u>			
11. Industry or business FATHER				12. Name <u>Thomas King</u>			
13. Birthplace <u>Ireland</u>				14. Maiden name <u>Barbara Conway</u>			
15. Birthplace <u>Ireland</u>				16. Informant <u>Deceased</u>			
17. (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereat..... <u>June 28, 1945</u> (month) (day) (year) Cemetery or crematory..... <u>Braddock</u> Location..... <u>Allegheny County</u>				18. Funeral director <u>M. L. Creager & Son</u> Address..... <u>Thurmont, Maryland</u> <u>6/16/45</u>			
19. (Date rec'd by registrar) <u>6/16/45</u>				20. DATE OF DEATH <u>June 16</u> 19 <u>45</u> at <u>1:45 A.</u> M.			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April 2</u> 19 <u>45</u> to <u>June 16</u> 19 <u>45</u> and that I last saw him alive on <u>June 16</u> 19 <u>45</u>							
Immediate cause of death <u>Pulmonary Tuberculosis</u>							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
23. SIGNATURE <u>J. B. Linn</u> Address..... <u>State Sanatorium, Md.</u> Date signed <u>6/16/45</u>							

DURATION
6 Mos

1 Wk.

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE.....
 Address..... State Sanatorium, Md. Date signed 6/16/45

RECEIVED
JUN 18 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredereich Rural
 City or town Fredereich
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years 68Months 3Days 11

If less than one day

9. Birthplace

Fredereich Crkly, Maryland

10. Usual occupation

Former Laborer

11. Industry or business

Canning Factory

12. Name

Rever. Father

13. Birthplace

Fredereich Crkly, Maryland

14. Maiden name

Christian Weaver

15. Birthplace

Virginia, U.S.

16. Informant

Emergency Hospital, Md.

17. (Burial, cremation, or removal, if any)

BurialDate thereof July 1 - 1945

(month) (day) (year)

Cemetery or crematory

Taneytown Reformed Cem.

Location

Taneytown - Maryland.

18. Funeral director

C. O. Guss / Son

Address

Taneytown, Md.19. 28 June 1945

(Date rec'd by registrar)

Registrar

Elizabeth G. Hask

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredereichCity or town Fredereich RuralStreet No. P.O. Box 22. (a) If veteran, name war None

3. (b) Social Security Number

220-16-0840

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1945 at 1:57 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on June 28, 1945

Immediate cause of death

Cerebral thrombosisDue to Cerebral thrombosisDue to Arteriosclerosis

Other conditions

Cerebral thrombosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Jefferson Date signed 7/28/45

M. D. or other

RECEIVED
JUL 2 1945
BUREAU A.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/8/42
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/8/42

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 534 Barre St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

John S. Kurlis

3.(b) Social Security Number

213-05-5631

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec. 5, 1893

8. AGE:

Years

Months

Days

If less than one day

51

6

3

hrs.

min.

9. Birthplace

Lithuania

(Town, county, and state)

10. Usual occupation

Riveter

11. Industry or business

FATHER
MOTHER

12. Name

John Kurlis

13. Birthplace

Lithuania

14. Maiden name

Rose Ponulis

15. Birthplace

Lithuania

16. Informant

Deceased

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

6/11/45

(month) (day) (year)

Cemetery or place of burial

Loudon Park

Location

Baltimore, Md.

18. Funeral director

M. L. Creager

Address

Thurmont, Maryland

19.

(Date rec'd by registrar)

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 19 45 at 12:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 May 8 19 42 to June 8 19 45
 and that I last saw him alive on June 8 19 45

Immediate cause of death

Pulmonary Tuberculosis

DURATION

3 Yrs.

3 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. B. Lyon

M. D. JOHN

Address State Sanatorium, Md. Date signed 6/8/45

HEALTH TO TREATMENT OF HEALTH

STATE OF NEW YORK

RECEIVED
JUN 11 1945
BUREAU V.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 32 days

Hospital, institution, or street address where death occurred:

Emergency Hospital
How long in hospital or institution? 32 days

3. (a) FULL NAME

Ida E. Lease

4. Sex

Female

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

7. (b) Name of husband or wife

George D. Lease

7. Birth date of

deceased (mo., day, yr.)

Jan. 22, 1865

8. AGE:

Years

80

Months

4

Days

27

If less than one day

hrs.min.

9. Birthplace

M. Walkersville

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Jacob Disterman

12. Name

Fred. Co.

13. Birthplace

Ellen Kumble

14. Maiden name

Fred. Co.

15. Birthplace

Mrs. Lillian Smith

Address

Walkersville17. Burial

(Burial, cremation, or removal, which?)

Date thereof June 21, 1945

(month) (day) (year)

Cemetery or crematory

Glade Cemetery

Location

Walkersville

18. Funeral director

Address

W. E. Barton20 June

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 19 45 2:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 19 45 to June 19 19 45and that I last saw him/her alive on June 18 19 45

Immediate cause of death

Apoplexy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

W. E. Barton

M. D. or other

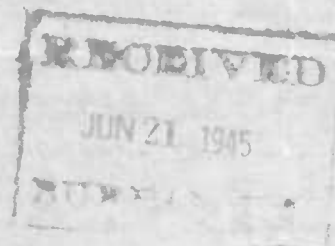
Address

Walkersville, MdDate signed June 19, 45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06068

Reg. Dist. No. 134

1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 years

Hospital, institution, or street address where death occurred:

How long to hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ida C. Lingg

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife George Lingg6. (c) If alive, give age 81 years7. Birth date of deceased (mo., day, yr.) March 10, 1867

8. AGE: Years Months Days If less than one day

78312

hrs.

min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Jacob Zurgable13. Birthplace Germany14. Maiden name Mary Myers15. Birthplace Frederick County, Maryland16. Informant George V. LinggAddress Emmitsburg Md.17. Burial Date thereof June 25, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph's CemeteryLocation Emmitsburg, Maryland18. Funeral director S. F. AllisonAddress Emmitsburg, Maryland19. June 24, 1945 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 45 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1926 19. June 22 19. 45and that I last saw h. ex alive on June 22 19. 45

Immediate cause of death

Hypostatic pneumonia & pleurisy

DURATION

3 daysDue to Semility + arteriosclerosisDue to vascular disease several years

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Cadle M.D. M. D. or otherAddress Emmitsburg Md. Date signed 6-22-45

RECEIVED
JUN 28 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06069

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 YearsHospital, institution, or street address where death occurred:
88 East South Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 50 East South Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

JOSEPH LORENZO LONG

3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Louisa May Harrison7. Birth date of deceased (mo., day, yr.) October 3, 1873 8. (c) If alive, give age 68 years8. AGE: Years 71 Months 7 Days 23 If less than one day9. Birthplace Middletown-Frederick-Maryland
(Town, county, and state)10. Usual occupation Merchant11. Industry or business Own Store12. Name John Long13. Birthplace Frederick County Maryland14. Maiden name Cornelia Miller15. Birthplace Frederick County Maryland16. Informant Mrs. Louisa H. LongAddress 50 E. South St., Frederick, Md.17. Burial 6/5/45
(Burial, exhumation, or removal. Which?) (month) (day) (year)Cemetery or place of burial Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. James 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd, 1945 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him in DEAD June 2nd, 1945Immediate cause of death Cerebral hemorrhageDue to arteriosclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Bass Reputy Med.Address Frederick, Maryland Date signed 6-4-45

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

RECEIVED

JUN 6 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Months
 Hospital, institution, or street address where death occurred:
Rocky Spring
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rocky Spring
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

JONATHAN MAIN

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single married, widowed, or divorced M

6. (b) Name of husband or wife Margaret Catherine Summer

7. Birth date of deceased (mo., day, yr.) July 9, 1868 6. (c) If alive, give age 66 years

8. AGE: Years 76 Months 10 Days 25 If less than one day
hrs.min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Jonathan C. Main
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Cornelia Brandenburg
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Margaret S. Main
 Address Frederick, Md. R. F. D. #5

17. Burial Date thereof 6/6/45
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Reformed Cemetery
 Location Middletown, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 5 June 1945 Elizabeth B. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th, 1945 at 11:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 to 45 to June 4 1945
 and that I last saw him alive on June 2 1945

Immediate cause of death Cerebral Hemorrhage
 Due to Arterio Sclerosis 16 years

Due to Arterio Sclerosis 16 years

Due to Arterio Sclerosis 16 years

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Hedger M. D.

Address Frederick, Maryland M. D. or other
 Date signed 6-5-45

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

JUN 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 06071 131
 Reg. Dist. No.

1. PLACE OF DEATH:

 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
615 Chapel St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

 (For newborn infants give residence of mother)
 State Maryland County Frederick

 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

 Street No. 615 Chapel St.
 (If rural, give LOCATION)
2.(a) If veteran, name war No.

3. (a) FULL NAME

Jacob Daniel Minnick

3. (b) Social Security Number

NONE

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Cora Minnick

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Nov. 1 - 1865

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>7</u>	<u>19</u>	hrs. min.

9. Birthplace

Middletown - Frederick's County - Md.

(Town, county, and state)

10. Usual occupation

Day Laborer

11. Industry or business

David Minnick

12. Name

13. Birthplace

Middletown, Md.

14. Maiden name

Elizabeth Heller

15. Birthplace

Germany

16. Informant

John Minnick

Address

Burial

17. (Burial, cremation, or other disposition)

Date thereof June 23 1945

Cemetery or crematory

Epulturn Cemetery

Location

Middletown, Md.

18. Funeral director

Glazier Co.

Address

Middletown, Md.19. June 23 1945 Elizabeth G. Hecks

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21- 1945, at 3:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12th 1945 to June 21st 1945and that I last saw him alive on June 21st 1945

Immediate cause of death

Organic CordiaeValvula Aortic andAsthma.

Due to

Asthma.

Due to

Asthma.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Ulysses B. Bourne, Jr.23. SIGNATURE Frederick, Md.Address Frederick, Md. Date signed 6-21-45

RECEIVED
JUN 26 1945
BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 13 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 238 North Market Street

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

ARCHIBALD MURDOCK MURRAY

3. (b) Social Security Number

None4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) September 7, 1874

8. (c) If alive, give age years

8. AGE: Years 70 Months 9 Days 18
If less than one day _____ hrs. _____ min.9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Painter

11. Industry or business

12. Name Edward B. Murray13. Birthplace Frederick County Maryland14. Maiden name Annie McCauly15. Birthplace Frederick County Maryland16. Informant Emergency Hospital RecordsAddress Frederick, Maryland, Mary17. Burial Date thereof 6/28/45
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or Mount Olivet CemeteryFrederick, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, Maryland

Address

19. 28 June 19 45 Elizabeth B. Heck
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th, 1945 8:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 4:5 to June 25 18:45and that I last saw him alive on June 24 19:15Immediate cause of death Pulmonary edema

DURATION

5 DaysDue to Myocardial decompensation10 DaysDue to Chronic Asthma2 yrsOther conditions Chronic Myocarditis
& Corary Sclerosis
(Include pregnancy within 3 months of death)(P)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE A. J. Lurie M. D.

M. D. or other

Address Jefferson, Maryland Date signed 6-27-45

RECEIVED BY THE SECRETARY OF THE ARMY

RECEIVED BY THE SECRETARY OF THE ARMY

RECEIVED
JUN 30 1945
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

06073
★ 131
Reg. Dist. No.

1. PLACE OF DEATH Frederick Orndorff
 County Frederick
 City or Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:
50 Taney Apartment
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 50 Taney Apartments
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
ADAM McMEALOUS ORNDORFF

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Lucy Conner Orndorff
 7. Birth date of deceased (mo., day, yr.) February 21, 1882 8. (c) If alive, give age 58 years
 8. AGE: Years 63 Months 4 Days 4 If less than one day
hrs. min.

9. Birthplace West Virginia
 (Town, county, and state)
 10. Usual occupation Retired B&O Railroad Conductor
 11. Industry or business None

12. Name Hezekiah Orndorff
 13. Birthplace Unknown
 14. Maiden name Susan Lichleiter
 15. Birthplace West Virginia

16. Informant Mrs. Adam Orndorff
 Address Frederick, Maryland

17. Burial Date thereof June 28, 1945
 (Burial, cremation, or removal, which) (month) (day) (year)
 Cemetery or Knoxville Cemetery
 Location Knoxville, Maryland

18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 26 June 1945
 (Date read by registrar) Registrar Elizabeth S. Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1945, at 6 p. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1945, to June 25 1945
 and that I last saw him alive on June 25 1945

Immediate cause of death Chronic Bronchitis
Coronary Artery Disease
 Due to Chronic Bronchitis
 Due to Coronary Artery Disease
 Other conditions None
 (Include pregnancy within 8 months of death)

Major findings of operations None
 Date of op. None
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of None
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Elizabeth S. Heck M. D. or other
 Address Frederick, Md Date signed 9/26/45

PLEASE WRITE PLAINLY, WITHOUT UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEATH CERTIFICATE

FILE NO.

DATE OF DEATH

RECEIVED
JUN 28 1945
BUREAU V.S.

Do Slusher

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4671

CERTIFICATE OF DEATH

06074
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
Near Jefferson
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Jefferson
 (If rural, give LOCATION)
None
 2. (a) If veteran, name war

3. (a) FULL NAME

JOHN WESLEY PEARL

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 6. (b) Name of husband or wife Sarah Smith
 6. (c) If alive, give age 62 years
 7. Birth date of deceased (mo., day, yr.) October 13, 1879
 8. AGE: Years 65 Months 8 Days 4 If less than one day
 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name John William Pearl

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Lillie A. D. Waskey

15. Birthplace Frederick County Maryland

16. Informant Mrs. Sarah S. Pearl

Address Frederick, Maryland - R.F.D.#4

17. Burial Date thereof 6/20/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Jefferson, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 18-June 1945 Elizabeth L. Hecks
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1945 at 5:40 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Feb 2 1944 to June 17 1945

and that I last saw him alive on June 18 1945

Immediate cause of death Pneumonia & emphysema DURATION 3 days

Myocardial decompensation

Due to Metastatic carcinoma 1 1/2 yrs

Due to Carcinoma of Rectum 2 yrs

Other conditions Malnutrition 6 mos

(Include pregnancy within 8 months of death)

Major findings of operations

Anteopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

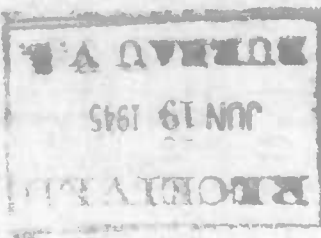
Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE C. Lucius Brice M.D.

Address Jefferson Md Date signed 6/17/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106-6

CERTIFICATE OF DEATH

Reg. Dist. No. 136

1. PLACE OF DEATH: County... <u>Frederick</u> City or town... <u>Frederick-(rural)</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>Emergency Hospital</u> How long in hospital or institution? <u>3 hours</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Frederick</u> City or town... <u>Rural-near Frederick Junction</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war... <u>None</u>	
3.(a) FULL NAME <u>Frank William Perkins</u>		3.(b) Social Security Number 	
4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>	
6.(b) Name of husband or wife <u>Annie L. O'Bryan</u>		6.(c) If alive, give age <u>62</u> years	
7. Birth date of deceased (mo., day, yr.) <u>October 20, 1879</u>			
8. AGE: Years <u>65</u> Months <u>7</u> Days <u>12</u> If less than one dayhrs.min.	MEDICAL CERTIFICATION 2D. DATE OF DEATH <u>June 1, 1945</u> at <u>5 P.</u> M.		
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>1/27</u> 19 <u>45</u> , to <u>6/1</u> 19 <u>45</u> and that I last saw him alive on <u>6/1/45</u> 19 <u>45</u>			
Immediate cause of death <u>Bronchiectasis</u>		DURATION <u>2</u> <u>months</u>	
Due to		Due to	
Due to		Other conditions <u>Acute dilatation of heart</u> <u>2 days</u>	
(Include pregnancy within 8 months of death)			
Major findings of operations			
Autopsy results			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?			
12. Name <u>Nicholas Perkins</u>		23. SIGNATURE <u>Wm. M. Smith</u>	
13. Birthplace <u>Frederick County, Maryland</u>		M. D. or other <u>6/2/45</u>	
14. Maiden name <u>Annie Bailey</u>		Address <u>Frederick, Md.</u>	
15. Birthplace <u>Frederick County, Maryland</u>		Date signed <u>6/2/45</u>	
16. Informant <u>Mrs. Frank W. Perkins</u>			
Address <u>Near Frederick Junction, Maryland</u>			
17. Burial Date thereof <u>June 3, 1945</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Mt. Olivet Cemetery</u> Location <u>Frederick, Maryland</u> 18. Funeral director <u>C. E. Cline & Son</u> Address <u>Frederick, Maryland</u>			
19. <u>6-14-</u> <u>45</u> <u>GOH ducken</u> (Date rec'd by registrar) 19. Registrar			

JUN 6 1945

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 4/30/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 4/30/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Damascus
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war _____

3. (a) FULL NAME

Harvey Poole

3. (b) Social Security Number

219-07-8902

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

8. (b) Name of husband or wife Jessie H. Poole

8. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) May 6, 1897

8. AGE: Years Months Days If less than one day
48 1 5 _____ hrs. _____ min.

9. Birthplace Montgomery Co., Md.
(Town, county, and state)

10. Usual occupation Interior Decorator

11. Industry or business

12. Name John H. Poole

13. Birthplace Montgomery Co., Md.

14. Maiden name Annie Gue

15. Birthplace Montgomery Co., Md.

16. Informant Deceased

Address _____

17. (Burial, cremation, or removal, Which?) Date thereof June 14/45
(month) (day) (year)

Cemetery or crematory Damascus

Location Montgomery Co., Md.

18. Funeral director Roy W. Barber

Address Laytonsville, Maryland

19. GU DR Registrar

(Date recd by registrar) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 45, at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 19 45, to June 11 19 45.

and that I last saw him alive on June 11 19 45.

Immediate cause of death Pulmonary Tuberculosis

DURATION 4 Yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. B. Lyn M. D. COM

Address State Sanatorium, Md. Date signed 6/12/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 14 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1/2/42
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 1/2/42

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 436 Whitridge Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

William Leonard Powers

3. (b) Social Security Number

218-09-8436

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Roselyn M. Powers

B. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1905

8. AGE: Years Months Days If less than one day
39 7 29 _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Steel Worker

11. Industry or business

12. Name William M. Powers

13. Birthplace Baltimore, Md.

14. Maiden name Ellen B. Leonard

15. Birthplace Baltimore, Md.

16. Informant Deceased

Address

17. Burial Date thereof 6/18/45
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery Baltimore

Location Baltimore, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. (Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1945, at 7:05 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 2 1942, to June 14 1945

and that I last saw him alive on June 14 1945

Immediate cause of death Pulmonary Tuberculosis

DURATION

3 yrs.
9 mos.

Broncho-pneumonia
Broncho-pneural Fistula

Due to Pulmonary Tuberculosis

2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____ M. D. XXXX

Address State Sanatorium, Md. Date signed 6/14/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 15 1945
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/22/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/22/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....
 City or town..... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 225 N. High St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Manuel Rodriguez

3. (b) Social Security Number

213-09-1570

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1909 6. (c) If alive, give age..... years

8. AGE: Years 35 Months 6 Days 0 If less than one day..... hrs. min.

9. Birthplace..... Mexico
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Benigno Rodriguez13. Birthplace Mexico14. Maiden name Petra Olmedo15. Birthplace Mexico16. Informant Deceased

Address

17. Burial Date thereof June 18, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Unknown Holy Redeemer

Location Unknown Baltimore, Md.

16. Funeral director Frank Pelland

Address 502 N. ... St., Balto., Md.

19. 6/16 19 45 Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 15 19 45 at 3:45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 19 45 to June 15 19 45 and that I last saw him alive on June 15 19 45

Immediate cause of death..... Pulmonary Tuberculosis DURATION 3 Mos.

Due to.....

Due to.....

Other conditions.....

Osteomyelitis of Right Foot 3 Yrs.
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... J. B. Lynn

Address State Sanatorium, Md. Date signed 6/15/45

RECEIVED
JUN 18 1945
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-d) A

CERTIFICATE OF DEATH

06079

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Rural-Near Douns, Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 months
Hospital, institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution? 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Rural-Near Douns
(If outside city or town limits, write RURAL and give nearest town)
Street No. 18
(If rural, give LOCATION)
2(a) If veteran, name war None

3. (a) FULL NAME

HALLIE VIRGINIA ROSSMAN

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Frederic C. Rossman
7. Birth date of deceased (mo., day, yr.) September 3, 1875
8. AGE: Years 69 Months 9 Days 24 It less than one day _____ hrs. _____ min.

9. Birthplace Woodsboro, Maryland
(Town, county, and estate)
10. Usual occupation Housewife
11. Industry or business Retired Schoolteacher
FATHER 12. Name Henry O. Zimmerman
13. Birthplace Woodsboro, Maryland
MOTHER 14. Maiden name Martha E. Albaugh
15. Birthplace Woodsboro, Maryland
16. Informant Mrs. Elmer Michael
Address Douns, Maryland

17. Burial Burial Date thereof June 30, 1945
(Burial, cremation, or removal, which) (month) (day) (year)
Cemetery or crematorium Mt. Olivet Cemetery
Frederick, Maryland
Location Frederick, Maryland
18. Funeral director C. E. Cline & Son
Address Frederick, Maryland

19. 28 June 19 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 19 45, at 11:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 to June 27 19 45
and that I last saw him alive on June 26 19 45

Immediate cause of death Cancer of the breast DURATION ?

Due to Primary in situ cancer
Duration 1 1/2 to 2 years

Other conditions she had had heavy doses of X-ray therapy before physician saw her
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE Howard W. Calhoun M. D. or other
Address Frederick, Md Date signed 6-28-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF THE ARMY
HEADQUARTERS, WASHINGTON, D. C.

CERTIFICATE OF DEATH

RECEIVED
JUN 30 1945
BUREAU V.S.

Mr. H. H. Calk

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

CERTIFICATE OF DEATH

Reg. Diat. No. 134

1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 47 yearsHospital, institution, or street address where death occurred:
308 Main Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. 308 Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Effie Mae Norris Rowe

3. (b) Social Security Number

no4. Sex fm 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife M. Frank RoweJune 17, 1874 8. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 Months 11 Days 20 If less than one day

.....hrs.min.

9. Birthplace Dayton, Ohio
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Joshua Norris13. Birthplace Frederick Co., Md14. Maiden name Alice Munshower15. Birthplace Frederick Co., Md.16. Informant Mae RoweAddress Emmitsburg, Md.17. Burial Date thereof June 10, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Elias LutheranLocation Emmitsburg, Md.18. Funeral director J. L. AllisonAddress Emmitsburg, Md.19. June 9, 1945 M. F. Shuff
(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1945 at 11 P. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1926 to June 7, 1945and that I last saw him alive on June 7, 1945Immediate cause of death Cerebral hemorrhageDue to Hypertension - since 1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Cadd MDAddress Emmitsburg Date signed 6-8-45

M. D. or other

UNITED STATES DEPARTMENT OF JUSTICE

RECORDS SECTION

RECORDS SECTION

JUN 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Diat. No. 06081 144

1. PLACE OF DEATH:

County FrederickCity or town Rural near Graceham, R.D.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural near Graceham, R.D., Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Annie Rachael Irene Seiss

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Daniel Seiss

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 24, 1858

8. AGE: Years Months Days If less than one day

861124

hrs. min.

8. Birthplace Adams County, Pennsylvania
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Jacob Heagay13. Birthplace Adams County, Pennsylvania14. Maiden name Rebecca Cronise15. Birthplace Frederick County, Maryland16. Informant Phillip J. SeissAddress Thurmont, Maryland17. Burial Date thereof June 21, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Evergreen CemeteryLocation Gettysburg, Pennsylvania18. Funeral director S. L. AllisonAddress Emmitsburg, Maryland19. June 19 19 45 Anna M. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 19 45 at 6:39 M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Did not attend prior to her death. 19 _____and that I last saw him alive on 19 _____Immediate cause of death Heart failure due toMyocarditis - ChronicDue to Old age debility

Due to _____

Other conditions Severe cold withcoughing seizures

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Samuel Gray M.D. or otherAddress Thurmont Md. Date signed June 19-45

RECEIVED STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

DATE OF DEATH

LOCAL CERTIFICATE OF

RECEIVED
JUN 20 1945
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06082

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick- Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Year & 6 Months
 Hospital, institution, or street address where death occurred:
I. O. O. F. Home
 How long in hospital or institution? 1 Year & 6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war None ✓

3. (a) FULL NAME

EDWIN WESLEY SHANKLIN

3. (b) Social Security Number
None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

8. (b) Name of husband or wife Alice M. Montgomery

7. Birth date of deceased (mo., day, yr.) August 14, 1860 6. (c) If alive, give age _____ years

8. AGE: Years 84 Months 10 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore County Maryland
 (Town, county, and state)

1D. Usual occupation Blacksmith

11. Industry or business

12. Name Isaiah Shanklin
 13. Birthplace Baltimore County Maryland

MOTHER
 14. Maiden name Sarah Cox
 15. Birthplace Harford County Maryland

18. Informant I. O. O. F. Home Records
 Address Frederick, Maryland

17. Burial Date thereof 7/2/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Waugh Chapel Cemetery
Glenn Arm, Maryland
 Location _____

19. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 1- July 1945 Elizabeth G. Hesk
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 29th, 1945 at 1:25P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 28 19 45 to June 29 19 45
 and that I last saw him alive on June 29 19 45

Immediate cause of death Cerebral Haemorrhage DURATION 10 days

Due to Arteriosclerosis

Other conditions Hypertension

(Include pregnancy within 3 months of death)
 Major findings of operations None

Autopsy results Yes
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of Injury _____ Injured at work?

23. SIGNATURE A. A. O'Carroll M. D.
 Address Frederick, Maryland Date signed 6-30-45

MARGIN RESERVED FOR BINDING

VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUL 5 1945

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

06083

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Morgans Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Grantsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
None
2.(a) If veteran, name war _____

3. (a) FULL NAME Barbara Ann Snyder

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 17, 1945 6. (c) If alive, give age _____ years

8. AGE: Years 0 Months 0 Days 1 If less than one day _____ hrs. 25 min.

9. Birthplace Frederick, Md., Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business _____

12. Name Edward Vernon Snyder

13. Birthplace Morefield, West Virginia

14. Maiden name Esley Mae Painter

15. Birthplace Charlestown, West Virginia

16. Informant Elizabeth G. Heck

Address Morgans Hosp. Frederick, Md.

17. Burial 6/18/45
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 18 June 19 45 Elizabeth G. Heck
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 19 45 at 10:45 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 19 45 to June 17 19 45

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Exhaustion

Due to Premature 7 month

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

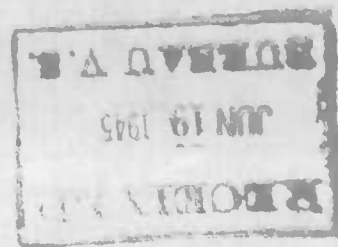
23. SIGNATURE H Lawrence Fisking md

Address Frederick, Md Date signed 6/17/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Knoxville - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
St. Marks
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Knoxville - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. St. Marks
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3.(a) FULL NAME

ANNA IRENE STINE

3.(b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W
 6.(b) Name of husband or wife Hiram F. Stine
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) July 14, 1876
 8. AGE: Years 68 Months 10 Days 20 If less than one day
 hrs. min.

9. Birthplace Nr. Middletown-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Unknown
 13. Birthplace Unknown
 MOTHER 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Mrs. L. L. Clevenger
 Address Brunswick, Maryland

17. Burial Date thereof 6/7/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Marks Cemetery

Location St. Marks-Knoxville, Md. Rural

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. June 7 - 1945 Cause of death Cerebral malaria
 (Date rec'd by registrar) 10 p.m. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1945, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1945 to June 4 1945
 and that I last saw him alive on June 2 1945

Immediate cause of death Cerebral Malaria DURATION 5 mi

Due to Cerebral Malaria 140

Due to Myocardial infarction 159

Other conditions Phlebotomy left eye & Phlegm
 (Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. Leevers Price M. D. or other

Address Jefferson Rd Date signed 6/5/45

RECEIVED
JUN 9 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-2

CERTIFICATE OF DEATH

Reg. Dist. No. 06085

1. PLACE OF DEATH:

County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 yrs.
 Hospital, institution, or street address where death occurred:
23 West C. St.
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 23 West C. St.
 (If rural, give LOCATION)
 2.(a) if veteran, name war —

3. (a) FULL NAME

Hattie C. Stouts

3. (b) Social Security Number

4. Sex Female 5. Color or race White B.(a) Single, married, widowed, or divorced Married
 B.(b) Name of husband or wife Charles W. Stouts
 B.(c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) Nov. 15 1879
 8. AGE: Years 63 Months 7 Days — If less than one day — hrs. — min. —

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business —
 FATHER 12. Name Frank Shipley
 13. Birthplace Virginia
 MOTHER 14. Maiden name Indie Elizabeth Castle
 15. Birthplace Virginia

16. Informant Miss Bessie V. Stouts
 Address Baltimore Md.
 17. Burial Buried Date thereof June 20, 1941
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Union
 Location Lottsville Va.
 18. Funeral director C. H. Fute & Bros.
 Address Baltimore Md.

19. June 20 1945 Emma Martin
 (Date rec'd by registrar) (Date) (Month) (Year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1945 at 8:00 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1945 to June 15 1945
 and that I last saw him alive on June 15 1945

Immediate cause of death Myocardial Heart Disease
 Due to Atherosclerosis
 Due to —
 Other conditions —
 (Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —
 Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE [Signature] M. D. or other —
 Address Baltimore Md. Date signed 6/16/45

RECEIVED
JUN 22 1945
BUREAU

RECEIVED
JUN 22 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (193)

CERTIFICATE OF DEATH

Reg. Dist. No. 06086 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Hood CollegeHow long in hospital or institution?

3. (a) FULL NAME

CHARLES EDWARD STUDEBAKER

3. (b) Social Security Number

214-104-061

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	--

B. (b) Name of husband or wife Pauline Esther Ramsburg7. Birth date of deceased (mo., day, yr.) August 16, 19086. (c) If alive, give age 32 years

8. AGE:	Years	Months	Days	It less than one day
	<u>36</u>	<u>10</u>	<u>6</u>	<u> </u> hrs. <u> </u> min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Fireman at Hood College11. Industry or business None12. Name John R. H. Studebaker13. Birthplace Frederick, Maryland14. Maiden name Della Eckenrod15. Birthplace Frederick County, Maryland16. Informant Mrs. Charles E. StudebakerAddress Near Frederick Junction, Md.17. Burial Date thereof June 25, 1945
(Burial, cremation, or removal; Where?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 23 June 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural-Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Frederick Junction
(If rural, give LOCATION)2. (a) If veteran, name war None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1945, at 12:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

 19 to 19 and that I last saw him alive on June 22 1945Immediate cause of death ElectrocutionDue to Coming in contact with live wireDue to Other conditions

RECEIVED

JUN 26 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-6

06087

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Fredrick
 City or town... Fredrick City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Montgomery
 City or town... Bethesda
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... ✓

3. (a) FULL NAME

Thompson, Mrs Louise

3. (b) Social Security Number

✓

4. Sex... Female 5. Color or race... W 6.(a) Single, married, widowed, or divorced... Married
 6.(b) Name of husband or wife... Alba Thompson
 6.(c) If alive, give age... 45 years
 7. Birth date of deceased (mo., day, yr.)... May 31 - 1902
 8. AGE: Years... 43 Months... 0 Days... 12 If less than one day... hrs. min.

9. Birthplace... Montgomery Co md
 (Town, county, and state)

10. Usual occupation... House Wife

11. Industry or business... None

12. Name... Luther Murphy

13. Birthplace... Montgomery Co md

14. Maiden name... Gertrude Holland

15. Birthplace... Montgomery Co md

16. Informant... Alba Thompson

Address... Fairthursburg md

17. (Burial, cremation, or removal, which?)... Burial Date thereof... 15 1945

(month) (day) (year)

Cemetery or crematory... Mt. Olivet

Location... Fredrick City

18. Funeral director... Roy W Barber

Address... Laytonville md

19. 131 (Date rec'd by registrar) 19 45 Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 12 1945 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1945 to June 12 1945

and that I last saw her alive on June 12 1945

Immediate cause of death... Myocardial Insufficiency

Due to... Chronic Heart Disease

Due to... Myocardial Insufficiency

Due to... Myocardial Stenosis

Other conditions... None

(Include pregnancy within 3 months of death)

Major findings of operations... None

Date of op.

Antopsy results... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

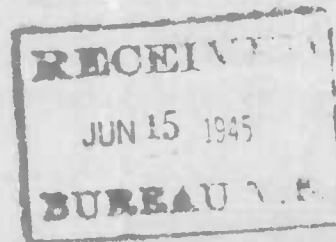
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE... A. Austin Pease M.D.

Address... Fredrick, Md. Date signed... 6/22/45

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

06088

Reg. Diat. No. 138

1. PLACE OF DEATH:

County Frederick
 City or town New London
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? LIFE
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town New London
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. P.O. Mt. Airy
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Samuel E. Thomas

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

B. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or wife

Adelaid Thomas

7. Birth date of

deceased (mo., day, yr.)

MARCH 21, 1876

8. (c) If alive, give age

64 years

8. AGE:

Years

64

Months

2

Days

20

If less than one day

hrs.

min.

9. Birthplace

Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

FARM LABORER

11. Industry or business

FATHER

12. Name

FRANK THOMAS

13. Birthplace

MARYLAND

MOTHER

14. Maiden name

JANE PRETTYMAN

15. Birthplace

MARYLAND

16. Informant

Adelaid Thomas

Address

Mt. Airy, Md.

17.

(Burial, cremation, or removal. Which?)

BURIAL

Date thereof

6-13-45

Cemetery or crematory

DORSEY'S CHAPEL

Location

New London, Fred. Co. Md.

18. Funeral director

G. M. WATTS

Address

Winfield, Md.

19.

(Date rec'd by registrar)

June 12, 1945 Lucian K. Tolson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 11, 1945 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15, 1945 to June 11, 1945

and that I last saw him alive on

May 24, 1945

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 month

Due to

Arterio Sclerosis10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ernest P. Roop

M. D. or other

New Market, Md.Date signed June 12/45

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED
JUN 21 1945
BUREAU V.S.

RECEIVED JUN 21 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: *Fredrick*
 County *Brunswick*
 City or town *Brunswick*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *83 yr.*
 Hospital, institution, or street address where death occurred: *602 Maple Ave.*
 How long in hospital or institution? *—*

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Maryland* County *Fredrick*
 City or town *Brunswick*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *602 Maple Ave.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war *—*

3. (a) FULL NAME *Ella Virginia Virts* 3. (b) Social Security Number *—*

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed or divorced *married*
 9. (b) Name of husband or wife *John F. Virts*
 7. Birth date of deceased (mo., day, yr.) *July 5th 1962* 8. (c) If alive, give age *—* years
 8. AGE: Years *82* Months *11* Days *22* If less than one day *—* hrs. *—* min.

9. Birthplace *Virginia*
 (Town, county, and state)
 10. Usual occupation *housewife*

11. Industry or business *—*

12. Name *Joseph Nurse*
 13. Birthplace *Virginia*

14. Maiden name *Bertha Ann Bagert*
 15. Birthplace *Virginia*

16. Informant *Mrs. Bertha Bagert*
 Address *Brunswick Md.*

17. *Buried* Date thereof *June 29, 1945*
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory *Park Heights*
 Location *Brunswick Md.*

18. Funeral director *C. H. Fetter & Son*
 Address *Brunswick Md.*

19. *June 29* 19 *45* *Emma Mantui*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
 20. DATE OF DEATH *June 27* 19 *45* at *12:30* M
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from *May 16* 19 *45* to *June 27* 19 *45*
 and that I last saw him alive on *June 26* 19 *45*
 Immediate cause of death *Stroke*
 Due to *Extensive lesions*
 Due to *—*
 Other conditions *—*
 (Include pregnancy within 3 months of death)
 Major findings of operations *—*
 Date of op. *—*
 Autopsy results *—*
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide *—* Date of *—*
 Where did injury occur? *—* (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) *—*
 Means of injury *—* Injured at work? *—*
 23. SIGNATURE *—* M. D. or other *—*
 Address *Brunswick Md.* Date signed *6/28/45*

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age is shown on

FILM G 97 JUL 27 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49d

CERTIFICATE OF DEATH

06090

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 104 West Sixth Street
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

JULIA VIRGINIA WALKER

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife James T. Walker

7. Birth date of deceased (mo., day, yr.) December 25, 1892 6. (c) If alive, give age 50 years

8. AGE: Years 52 53 Months 5 Days 17 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Charles Hall

13. Birthplace Frederick County Maryland

14. Maiden name Henrietta Tyler

15. Birthplace Frederick County Maryland

16. Informant James T. Walker

Address 104 W. 6th St., Frederick, Md.

17. Burial 6/26/45
(Burial, cremation or removal. Which?) (month) (day) (year)

Cemetery or Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 25 June 19 45 Elizabeth G. Hoch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22th, 1945 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 19 45 to June 22 19 45

and that I last saw him alive on June 22 19 45

Immediate cause of death Squamous cell carcinoma of vulva DURATION 3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Squamous cell Carcinoma Date of op. Jan 22, 45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. R. Schoolman M.D. M. D. or other

Address Frederick, Maryland Date signed 6-22-45

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 26 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06091

70 134

1. PLACE OF DEATH:

County FrederickCity or town Near Emmitsburg Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Three years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Near Emmitsburg Md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Louise Weath

3. (b) Social Security Number

none4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married8. (b) Name of husband or wife William Hamilton Weath6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) Oct - 19 - 18668. AGE: Years 78 Months 8 Days 3 It less than one day _____ hrs. _____ min.9. Birthplace Carroll Co. Md
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Housework12. Name John Fair13. Birthplace Carroll Co., Md14. Maiden name Elizabeth Baker15. Birthplace Carroll Co., Md16. Informant Mrs H. Weath - husbandAddress Emmitsburg, Md. R.F. D.17. Burial (Burial, cremation, or removal: Which?) Burial Date thereof 6/24/45
(month) (day) (year)Cemetery or crematory Farmington LutheranLocation Farmington Md18. Funeral director W. H. Hays & SonAddress Farmington Md19. June 23 1945 - Edith M. Wehling
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 - 1945 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 - 1945 to June 22 - 1945and that I last saw her alive on June 22 - 1945

Immediate cause of death

Causes of the gall duct

DURATION

2 yearsDue to cholelithiasis2 years

Due to _____

Other conditions choleystitis4 years

(Include pregnancy within 8 months of death)

Major findings of operations no operationX Ray positive

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of _____Where did injury occur? no injury
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury none

Injured at work? _____

23. SIGNATURE George H. Rizzo Md
M. D. or otherAddress Emmitsburg Md Date signed 6-22-1945

RECEIVED
JUN 28 1945
BUREAU V.S.

RECEIVED
JUN 28 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No. West Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war 210

3. (a) FULL NAME

Jerry Washington Whitmore

3. (b) Social Security Number

none4. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife Kate Fox7. Birth date of deceased (mo., day, yr.) Aug. 25, 18596. (c) If alive, give age 85 years8. AGE: Years 85 Months 4 Days 10 If less than one day

hrs. min.

9. Birthplace Carroll County, Maryland

(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

12. Name William Whitmore13. Birthplace Maryland14. Maiden name Bena Pittenger15. Birthplace Maryland16. Informant Virginia L. L. L.Address Frederick, Md.17. Burial Date thereof June 7, 1945

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Apple's CemeteryLocation near Thurmont, Md.18. Funeral director M. L. Crager & SonAddress Thurmont, Md.19. June 6, 1945 Ed. Elizabeth G. Hook

(Date rec'd by registrar)

E.M.H. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1945 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 2, 1945 to June 5, 1945and that I last saw him alive on June 5, 1945

Immediate cause of death

Pulmonary edema & exhaustionDue to anxious state & advancedDue to Smoking

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. P. Price M. D. or otherAddress Jefferson, Md. Date signed 6/5/45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

RECEIVED
JUN 13 1945
BUREAU V.P.